

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726 X67 8

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishme			1/ 1	Telephone Number	Date of In (mm/dd/y	
l /¹	Jac!	5	Hideaway	8/2-945-4236		119-
Establishment Address (number and street, city, state, zip code)					7-22	2-19
1636 Slate Run Rd New Albany IN 47150				47150	1 7	184
Owner DMACS, inc				Purpose:	Follow-u	p Release Date
\mathcal{D}	MA	د ک	, Inc	1. Routine	NO	Today
Owner's Ac	ldress			2. Follow-up	Summary	y of Violations:
				3. Complaint		
Person in C				4. Pre-Operational	c I	NC PQ
)an	N	lckinley	<u> </u>	(i) / V	
Responsible	Person's	E-ma	il (5. Temporary	Menu Ty	pe (See back of page)
				6. HACCP	·	
Certified Fo	ood Manag	er		7. Other (list)	1 2	$3 \smile 4 5$
· · · · ·	As	4/6	y Anderson 7-17-22			·
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"						
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"						
Section#	C/NC	R	Narr			To Be Corrected By
	CAC	N.		- / ^ /		to be Corrected by
191		_		On bags of the	rese	2 day
		**	and paperonis in prep	cooler.		'
			No date mark on	house made sause in need of clear		
295	NC	_	Observed ice machine	The same	, .	1 /
243	/V C		Observed ice machine	in need of clear	1147,_	1 day
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Received by (name and title printed): Inspected by (name and title printed):						
DAVIEL J Melliner, Owner Thomas Suider, EHS						
Received by (signature): Inspected by (signature):						
1 Long March						
June June						
cc:	V		cc:		cc:	